

Iowa WIC Program Notice of Termination

<\$TODAY\$>
<Parent/Guardian>
<P/G Address>

Dear <<ParentGuardian>>:

<<ParticipantName>> will be terminated from the Program effective <date> for the following reason: <reason>
This notice only affects <participant name>.

Please pick up benefits and keep WIC appointments for other family members.

You have a right to a hearing, if you wish to appeal this decision. Your appeal rights are explained below.
Send a written request for a hearing to your local WIC agency within 90 days of receiving this notice.

The hearing officer will schedule a hearing within 21 days of receiving your request. You will receive notice of the time, place and date at least 10 days before the hearing.

Before and during the hearing, you have the right to read all of the public documents on file about the decision that is under appeal.

During the hearing you may speak for yourself or be assisted by a relative, friend, other person, or lawyer at your expense; bring witnesses; question or refute any testimony or evidence; question any adverse witnesses; and provide evidence to establish facts and circumstances related to your case.

The local hearing officer will issue a written decision within 45 days of your request for the hearing unless a longer time period is agreed upon by both parties.

Either party may appeal the written decision to the Division Director, Division of Health Promotion & Chronic Disease Prevention, Iowa Department of Public Health. This appeal must be made within 15 days of the mailing date of the decision made by the local hearing officer. The procedures listed above must be followed for a second appeal about the decision.

If you appeal a mid-certification termination due to any reason except no longer breastfeeding past 6 months, within 15 days of receiving this notice, <participant name> will continue to receive WIC benefits during the appeal process until the end of the current certification.

<Local agency name>
<Local agency address>
<Local Agency phone number>

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

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